

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90010 017 \*\*\*\*50.00

**DOCUMENT # L04000005505**

1. Entity Name

GLOBAL SURVEYING OF BROOKSVILLE, L.L.C.



Principal Place of Business

629 WEST JEFFERSON  
BROOKSVILLE, FL 34601

Mailing Address

629 WEST JEFFERSON  
BROOKSVILLE, FL 34601

**DO NOT WRITE IN THIS SPACE**



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
51-0494547

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSS, ROBERT D  
5004 ST. RD. 64 E  
BRADENTON, FL 34208

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fulfilling the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CROSS, ROBERT D  
3315 7TH STREET CIRCLE WEST  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
YORK, DAVID  
629 WEST JEFFERSON  
BROOKSVILLE, FL 34601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/06  
Date

# ATTACHMENT

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Mailing Address  
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BROOKSVILLE, FL 34601

26053284



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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #